

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 75
Registrar's No. 923

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1 D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Days
(Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME Margaret Bird

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced WID.
6. (b) Name of husband or wife ELMER 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased AUG 17 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace WALES WALES. 4
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name WM THOMAS 4
13. Birthplace WALES 4
(City, town, or county) (State or foreign country)
14. Maiden name NOT KNOWN
15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Margaret Proger
(b) Address 4225 Olive

17. (a) Burial (b) Date thereof 1-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ballentine Cemetery

18. (a) Signature of funeral director Charles J. Brown
(b) Address 4911 Washington

19. (a) 28-94 (b) J. H. Brundick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town ST LOUIS 19
(If outside city or town limits, write "RURAL")
(d) Street No. 4225 Olive St. D
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28,
year 1942 hour 5:45 minute P. M.

21. I hereby certify that I attended the deceased from December 30, 19 42 to January 28, 19 42
that I last saw ER alive on January 28, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death: arteriosclerosis Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature M. M. Earl (M. D. or other) 2/28/42
Address 1515 Lafayette Ave. Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Thomas R. Fenwick*

Licensed Embalmer No. *3793*

P. O. Address *St Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.